

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s) <span style="font-size: 1.2em; font-family: cursive;">10/511394</span>				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1							
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Total Indep			5				Total Indep			
Total Depend			56				Total Depend			
Total Claims			61				Total Claims			